

N.B.—In case of more than one child, a SEPARETE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 109  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Sila State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Winhelman No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francesca Ruiz (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Dec 8 1927  
Month Day Year

8. FATHER Full name Francisco Ruiz 14. MOTHER Full maiden name Rita Martinez

9. Residence (Usual place of abode) Barkerville Ariz 15. Residence (Usual place of abode) Barkerville Ariz  
If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 23 (Years) 16. Color or race Mex 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Pinal County Ariz 18. Birthplace (city or place) Klondike Ariz  
(State or country)

13. Occupation Rancher 19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 1 (a) Born alive and now living 1 21. Were precautions taken against ophthalmia neonatorum? Yes  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Charles R. Sturtevant (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Hayden Ariz

Month, day, year \_\_\_\_\_ Filed Jan 6 1928 P. G. W. Hutton  
Registrar Registrar

677-1208-717